Clinical Policy: Personal Care Services

Reference Number: MS.CP.MP.10.21
Effective Date: 2/25/2021
Last Review Date: 2/12/2024

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Personal Care Services are medically necessary services for EPSDT eligible members who require assistance in order to safely perform the activities of daily living (ADLs) due to a diagnosed condition, disability, or injury. The delivery and receipt of these services must be medically necessary for the treatment of the member's condition, disability, or injury and exceed the level of care available through the home health benefit.

A Certified Nurse Assistant (CNA) is an individual who obtained certification through a program approved by the Mississippi Department of Health, Licensure and Certification. CNAs are the only individuals who may render Personal Care Services. These services must be delivered under the supervision of a registered nurse (RN) pursuant to the plan of treatment established in consultation with appropriate members of the care team under the direction of the member’s physician.

Personal Care Services are covered:

1. On short-term basis for beneficiaries in need of parent and/or caregiver training in order to reside in the home and community; *or*
2. On a long-term basis for beneficiaries that require substantial and complex care that exceeds the level of service available from the home health benefit in order to remain in the home and community setting.

The Medical Director will consider requests for Personal Care Services based on member’s extent of needs and the caregiver’s and/or member’s abilities.

Policy/Criteria

Personal Care Services are considered medically necessary when the member meets **all** the following criteria:

- Member is under the age of 21.
- Services are to meet the medically necessary needs of the member only, and not for the convenience of the family or caregiver.
- The member:
  - Is medically stable to receive Personal Care Services managed safely in a non-institutional setting where normal life activities take place,
  - Has a documented illness or disability that requires the assistance of a CNA in order to safely perform activities of daily living, *and*
  - Services exceed the level of care that is available from a CNA through a home health benefit.
- Services can be safely provided by only one CNA and do not require the assistance of a second CNA.
- The home environment is conducive to appropriate growth and development for the member's age group and be conducive to the provision of appropriate medical care.
- There must be at least one parent or caregiver capable of and willing to be trained to assist in the provision of care for the member and the parent or caregiver must:
  - Provide evidence of parental or family involvement and an appropriate home situation including, but not limited to, a physical environment and geographic location for the member's medical safety.
  - Have a reasonable plan for an emergency situation including, but not limited to:
    1. Power and equipment backup for equipment necessary to the medical care of the member,
    2. Access to a working telephone, *and*
    3. Available transportation adequate to safely transport the member.
  - Comply with the plan of care, physician office appointments and/or other ancillary services
- Services are ordered and directed by the member's primary physician or appropriate physician specialist, which include:
  - A prescription for services at least every 6 months, indicating the number of hours per day or week and the duration of the request,
  - An established a Plan of Care (POC), *and*
  - Documentation to support the medical necessity of services.

Personal Care Services should NOT be considered:

- For the convenience of the member, the parents and/or the caregiver.
- Non-covered Personal Care Services include, but are not limited to:
  - Skilled nursing services including, but not limited to: Nasogastric or gastrostomy feedings, Apnea monitoring, Home dialysis, Intravenous (IV) infusion of total parenteral nutrition (TPN) or hyperalimentation, IV infusion of fluids for hydration, Medication administration, and/or Tracheostomy care,
  - Services provided by those individuals legally responsible for a member,
  - For the sole purpose of escorting members outside of the home for visits to a physician's office or school, *and/or*

- Services that could be provided through the home health benefit.

NOTE:

- ***Only one service is covered if Private Duty Nursing (PDN) and Personal Care Services are provided at the same time to the same member.***

Background

Personal Care Services is the delivery of care in the home on more than a part-time or intermittent basis, and is intended for individuals who require substantial and complex care. The service may be provided by a Certified Nursing Assistant, with a plan of care which specifies amount, frequency and duration of the services. The provider agency does not take the place of the parent(s), legal guardian(s) or designated caregiver(s) and does not accept total responsibility for the member; the intent of Personal Care Services is to support, not replace the caregiver. It is not permissible for the parent(s), legal guardian(s) or primary caregiver(s) to be away from the home for an extended period of time with the expectation that the Personal Care Services provider agency will accept total responsibility for the member. Personal Care Services should not be considered for the primary purpose of providing respite care, housekeeping services, custodial care or childcare.

Requests for authorizations of Personal Care Services must always commensurate with the member's medical needs. Personal Care Services hours are based on the complexity and intensity of the member's care. Requests for changes in services must reflect changes in the member's condition that affect the amount and duration of Personal Care Services. The length of the authorization is determined on an individual basis and is based on the goals and timelines identified by the physician, provider and the member or a responsible adult – but may not exceed 90 calendar days per request.

Coding Implications

HCPCS Codes	Description
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour

Reviews, Revisions, and Approvals	Date	Approval Date
New Policy.	2/25/2021	2/25/2021
Annual review; minor formatting changes	2/19/2021	2/23/2022
Annual review	2/7/2023	2/16/2023
Annual review	2/12/2024	

Bibliography

1. State of Mississippi Division of Medicaid Administrative Code Title 23: Medicaid Part 223 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means Magnolia Health Plan, a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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